

EMD-30 (10/02) Michigan State Police Emergency Management Division	<b>HAZARD MITIGATION GRANT PROGRAM PLANNING APPLICATION</b>	AUTHORITY: 1976 PA 390, as amended COMPLIANCE: Voluntary, but completion necessary to be considered for grant				
<b>Directions:</b> 1. <b>Complete all sections. (Boxes will automatically expand as needed.)</b> 2. <b>Submit to the Mitigation Unit, Emergency Management Division.</b>		<table border="1"> <tr> <th data-bbox="1133 279 1523 315" style="background-color: black; color: white;">FOR EMD USE ONLY</th> </tr> <tr> <td data-bbox="1133 315 1523 350">Application #:</td> </tr> <tr> <td data-bbox="1133 350 1523 386">Project #:</td> </tr> <tr> <td data-bbox="1133 386 1523 432">Date Received:</td> </tr> </table>	FOR EMD USE ONLY	Application #:	Project #:	Date Received:
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Date Received:						
<b>A. APPLICANT INFORMATION</b>						
<b>Name of Organization/Agency:</b>						
<b>Type of Organization (check one):</b> <input type="checkbox"/> Regional <input type="checkbox"/> County <input type="checkbox"/> City or Township <input type="checkbox"/> Indian Tribe or Authorized Tribal Organization  If this project will result in separate plans for multiple jurisdictions, please list the names of those communities here:						
<b>Project Title:</b>						
<b>Planning Approach:</b> <input type="checkbox"/> Stand alone mitigation plan(s) <input type="checkbox"/> Integration into existing comprehensive plan(s)  <b>Please provide a detailed explanation of planning approaches and expected deliverables:</b>						
<b>Additional Information:</b> <b>Check the appropriate boxes if your jurisdiction includes (or has convenient access to):</b> <input type="checkbox"/> Planning Commission <input type="checkbox"/> Planning Department <input type="checkbox"/> GIS Department <input type="checkbox"/> MSU Extension Office <input type="checkbox"/> State University <input type="checkbox"/> Other college						

B. CONTACT INFORMATION	
PRIMARY POINT OF CONTACT	ALTERNATE POINT OF CONTACT
Name:	Name:
Title:	Title:
Agency:	Agency:
Address/P.O. Box Number:	Address/P.O. Box Number:
City: Zip Code:	City: Zip Code:
Telephone Number: ext.	Telephone Number: ext.
Fax Number:	Fax Number:
Email Address:	Email Address:

C. PROJECT COSTS	
Project Totals	Federal Share: (75%)
	Applicant Share: (25%)
	Source of Applicant Share:
	Grand Total of Project: (100%)

COST ESTIMATE BREAKDOWN				
ITEM	UNIT QUANTITY	UNIT OF MEASURE	UNIT COST	COST ESTIMATE
(NOTE: Totals <b>MUST</b> equal "Grand Total of Project" amount.)			<b>TOTAL COST</b>	

EXAMPLE:				
COST ESTIMATE BREAKDOWN				
ITEM	UNIT QUANTITY	UNIT OF MEASURE	UNIT COST	COST ESTIMATE
Planning Services Contract	1	Lump Sum	\$15,000	\$15,000
Engineering Plans	100	Hours	\$100	\$10,000
Public Meeting	1	Lump Sum	\$1,000	\$1,000
Common Functional Elements Used for Costs Breakdown are: Project Management; Comprehensive Study; Labor; Consultant Fees; Printing Costs; Software and materials that are used specifically for hazard mitigation.				

#### D. PLANNING COMPONENTS

Who will have primary responsibility for completing the following components of the plan? Include the name of the person or persons who will be involved and their department and/or agency for each identified step.

1. **Community Profile(s)** identifying all the important features (environmental, demographic, land use, special areas and special populations) that need protection from hazards.

Department/Agency:

Contact Name: Telephone Number: ext.

2. **Hazard Identification** including descriptions of hazards, summaries of past hazard occurrences in the community, and initial identification of which hazards appear to pose the most and least significant risks to the community.

Department/Agency:

Contact Name: Telephone Number: ext.

3. **Obtaining Input** from local officials and the public about hazards that may affect the community.

Department/Agency:

Contact Name: Telephone Number: ext.

4. **Risk and Vulnerability Assessments** in which significant hazards are analyzed in detail, estimating the amount and type of damage and disruption they may cause to the community, the probability of such disruption occurring, the specific areas in which harm may occur, and the priority with which such threats are to be addressed by the community.

Department/Agency:

Contact Name: Telephone Number: ext.

5. **Brainstorming Goals and Objectives** that will guide the community's efforts to prevent or lessen harm from identified hazards, consistent with community capabilities and political processes, and informed by institutional and public input from the community.

Department/Agency:

Contact Name: Telephone Number: ext.

**6. Brainstorming Specific Mitigation Actions** that may reduce the community's vulnerability to hazards, and which will be evaluated and selected in terms of their political, social, economic and environmental feasibility.

**Department/Agency:**

**Contact Name:**

**Telephone Number:**

**ext.**

**7. Writing a Draft Plan** that will pull together all information and ideas into a written format that can be distributed to build awareness of the community's hazards, present mitigation strategies, and encourage feedback and commitment from community stakeholders.

**Department/Agency:**

**Contact Name:**

**Telephone Number:**

**ext.**

**8. Revising the Draft Plan** to include feedback and commitments obtained from community stakeholders regarding the community's identified hazards and the hazard mitigation actions that address them.

**Department/Agency:**

**Contact Name:**

**Telephone Number:**

**ext.**

**9. Adopting the Final Plan** to show the community's (or communities') commitment to implementing its mitigation actions.

**Department/Agency:**

**Contact Name:**

**Telephone Number:**

**ext.**

**10. Monitoring Plan Implementation** to identify successful mitigation projects, any weaknesses or shortcomings of the plan, and to note new items or conditions that should be included in future revisions of the plan.

**Department/Agency:**

**Contact Name:**

**Telephone Number:**

**ext.**

**E. INFORMATION ON PLAN WRITERS AND RESEARCHERS**

1. Identify at least one professional planner who will be involved in developing the hazard mitigation plan for the community (or communities).

Department/Agency:

Contact Name:

Telephone Number:

ext.

2. List partnership organizations or additional individuals that are expected to contribute to the development of the plan.

3. Do plan developers have access to a Geographic Information System (GIS) and/or the ability to produce maps, perform spatial analyses, and include such information in the plan? ☐ YES ☐ NO  
Please explain:

4. Has approval for hazard mitigation plan development been obtained by those who will officially adopt the final plan for the community (or communities)? ☐ YES ☐ NO  
Please explain:

**4a.** The final plan must be formally adopted by the community. Has the community authorized those listed in section D to develop a plan on its behalf? ☐ YES ☐ NO

Please explain:

**5.** List existing plans, studies, documents, committees, agencies, or organizations that will provide information for your community's hazard mitigation plan.

**5a.** List existing plans, documents, regulations, ordinances, orders, committees, agencies, or organizations in your community that can be coordinated with hazard mitigation planning activities funded by this grant.

I certify to the best of my knowledge and belief that the information provided in this application and supporting documentation is true and correct. I also have the legal authority to apply for assistance on behalf of the applicant.

**Signed for the applicant:**

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Typed name

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Signature

Title

Date